This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 08/09/19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Adams CATV, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		19 North Main Street (Number, street, rural route, apartment, or suite number)
		Carbondale, PA 18407 (City, town, state, zip)
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: Thompson System Adams CATV, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	19 North Main Street (Number, street, rural route, apartment, or suite number)
		Carbondale, PA 18407 (City, town, state, zip code)
L		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Return completed workbook

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
	Adams CATV, Inc.	277
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I	ist will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Ararat Twsp	PA
Community	Brooklyn Twsp	PA
	Gibson Twsp	PA
Add Rows as Necessary	Great Bend Boro	PA
	Great Bend Twsp	PA
	Hallstead Boro	PA
	Harford Twsp	PA
	Harmony Twsp	PA
	Herrick Twsp	PA
	Hop Bottom	<u>РА</u>
	Jackson Twsp	<u>РА</u>
	Lanesboro Boro	<u>РА</u>
	Lathrop Twsp	PA
	New Milford Boro	PA
	New Milford Twsp	PA
	Oakland Boro	PA
	Oakland Twsp	PA
	Preston Twsp	PA
	Starrucca Boro	PA
	Susquehanna Boro	PA
	Thompson Boro	PA
	Thompson Twsp	PA

	LEGAL NAME OF OWNER OF C								-2E. PAG
Name	Adams CATV, Inc.	ADLE STOTEM.						515	277
Е	SECONDARY TRANSMISSION								
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
ransmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				iy stanuai		s wiu iir a p		
	Block 1: In the left-hand block	in space E, the	form li	ists the categor					
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca	ble service to ac	dition	al sets would b	e included				
	first set" and would be counted of								
	Block 2: If your cable system printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.								
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 	2	,240	25.99					
	 Service to additional set(s) 			-					
	• FM radio (if separate rate)			-					
	Motel, hotel		4	A 40					
	Commercial		4	\$10 per set					
	Converter Residential	2	,240						
	Non-residential		,240 4						
			-						
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat								
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	or facilities furnis	shed to	o nonsubscribe	rs. Rate in	formation shoul	d include b	oth the	
Other Than	amount of the charge and the ur enter only the letters "PP" in the		sually	billed. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,	
Secondary ansmissions:	Block 1: Give the standard rat		e cable	e system for ea	ch of the a	pplicable servic	es listed.		
	Block 2: List any services that	vour cable svet	em fur				oriad that	were not	
Rates	•	• •			-	• •			
	listed in block 1 and for which a	separate charge	was n	nade or establi	-	• •		form of a	
	•	separate charge ption and include	was n the ra	nade or establi	-	• •			
	listed in block 1 and for which a brief (two- or three-word) descrip	separate charge btion and include BLOC	was n the ra K 1	nade or establi ate for each.	shed. List	these other serv	rices in the	BLOCK 2	RA
	listed in block 1 and for which a	separate charge bition and include BLOC RATE	was n the ra K 1 CATEC	nade or establi	shed. List t	• •	rices in the		RA
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charge bition and include BLOC RATE	was n the ra K 1 CATEC	nade or establi ate for each. GORY OF SER	shed. List t	these other serv	CATEG	BLOCK 2	
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charge bition and include BLOC RATE	was n the ra K 1 CATEC nstalla • Mo	nade or establi ate for each. GORY OF SER ation: Non-res	shed. List t	RATE	CATEGO Expano HBO/M	BLOCK 2 DRY OF SERVICE led Basic ax	RA 50 20
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charge bition and include BLOC RATE	was n e the ra K 1 CATEC • Mo • Col • Pay	nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	vice	RATE	CATEGO CATEGO Expano HBO/M Showti	BLOCK 2 DRY OF SERVICE	50 20 16
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	separate charge bition and include BLOC RATE	was n the ra K 1 CATEC nstalla • Mo • Col • Pay	nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	vice	RATE	CATEGO CATEGO Expano HBO/M Showti Starz	BLOCK 2 DRY OF SERVICE led Basic ax me/TMC/Flix	50 20 16 14
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	Separate charge bition and include BLOC RATE - - - - -	was n the ra K 1 CATEC nstalla • Mo • Col • Pay • Pay • Fire	ade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection	vice	RATE	CATEGO CATEGO Expano HBO/M Showti Starz Choice	BLOCK 2 DRY OF SERVICE ded Basic ax me/TMC/Flix	50 20 16 14 10
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	Separate charge bition and include BLOC RATE - - - - - 40.00	was n the ra K 1 CATEC • Mo • Col • Pay • Pay • Fire • Bur	ade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection	vice	RATE	CATEGO CATEGO Expano HBO/M Showti Starz Choice	BLOCK 2 DRY OF SERVICE led Basic ax me/TMC/Flix	50 20
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	Separate charge bition and include BLOC RATE - - - - - 40.00	was n the ra K 1 CATEC nstalla • Mo • Cor • Pay • Pay • Fire • Bur Other	ade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	vice	RATE 40.00 40.00 - - -	CATEGO CATEGO Expano HBO/M Showti Starz Choice	BLOCK 2 DRY OF SERVICE ded Basic ax me/TMC/Flix	50 20 16 14 10
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charge bition and include BLOC RATE C - - - - 40.00 15.00 C	was n the ra K 1 CATEC nstalla • Mo • Col • Pay • Pay • Fire • Bur Other s	ade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	vice	RATE	CATEGO CATEGO Expano HBO/M Showti Starz Choice	BLOCK 2 DRY OF SERVICE ded Basic ax me/TMC/Flix	50 20 16 14 10
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) • Converter	Separate charge bition and include BLOC RATE - - - - - 40.00	was n the ra K 1 CATEC nstalla • Mo • Con • Pay • Pay • Fire • Bur Other s • Rea • Dis	ade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	vice	RATE 40.00 40.00 - - -	CATEGO CATEGO Expano HBO/M Showti Starz Choice	BLOCK 2 DRY OF SERVICE ded Basic ax me/TMC/Flix	50 20 16 14 10

	LEGAL NAME OF OWNER OF	E CABLE SYSTEM		SYSTEM ID
lame	Adams CATV, Inc.	OABLE OTOTEM.		2770
	PRIMARY TRANSMITTERS:	TELEVISION		
ary itters: sion	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- brogram services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepe- per "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	me basis under ims [sections ions carried on a postitute program log)—if the pon some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WYOU	22	N	
				Scranton, PA
		•		Scranton, PA Wilkes-Barre, PA
essary	WBRE WNEP	28 16	N N	Scranton, PA Wilkes-Barre, PA Scranton, PA
essary	WBRE	28	N	Wilkes-Barre, PA Scranton, PA
ssary	WBRE WNEP	28 16	N N	Wilkes-Barre, PA Scranton, PA Scranton, PA
ssary	WBRE WNEP WNEP-Antenna	28 16 16.2	N N N-M	Wilkes-Barre, PA Scranton, PA
ssary	WBRE WNEP WNEP-Antenna WVIA	28 16 16.2 44	N N N-M E	Wilkes-Barre, PA Scranton, PA Scranton, PA Scranton, PA Hazelton, PA
ssary	WBRE WNEP WNEP-Antenna WVIA WOLF WSWB	28 16 16.2 44 56	N N N-M E	Wilkes-Barre, PA Scranton, PA Scranton, PA Scranton, PA Hazelton, PA Scranton, PA
essary	WBRE WNEP WNEP-Antenna WVIA WOLF WSWB WQPX	28 16 16.2 44 56 38	N N N-M E	Wilkes-Barre, PA Scranton, PA Scranton, PA Scranton, PA Hazelton, PA Scranton, PA Scranton, PA Scranton, PA Scranton, PA
≘ssary	WBRE WNEP WNEP-Antenna WVIA WOLF WSWB WQPX WICZ	28 16 16.2 44 56 38 64 40	N N N-M E	Wilkes-Barre, PAScranton, PAScranton, PAScranton, PAHazelton, PAScranton, PAScranton, PABignhamton, NY
cessary	WBRE WNEP WNEP-Antenna WVIA WOLF WSWB WQPX WICZ WQMY	28 16 16.2 44 56 38 64 40 53	N N N-M E I I I I I I	Wilkes-Barre, PAScranton, PAScranton, PAScranton, PAHazelton, PAScranton, PAScranton, PABignhamton, NYWilliamsport, PA
ecessary	WBRE WNEP WNEP-Antenna WVIA WOLF WSWB WQPX WICZ	28 16 16.2 44 56 38 64 40	N N N-M E	Wilkes-Barre, PAScranton, PAScranton, PAScranton, PAHazelton, PAScranton, PAScranton, PABignhamton, NY
ecessary	WBRE WNEP WNEP-Antenna WVIA WOLF WSWB WQPX WICZ WQMY	28 16 16.2 44 56 38 64 40 53	N N N-M E I I I I I I	Wilkes-Barre, PAScranton, PAScranton, PAScranton, PAHazelton, PAScranton, PAScranton, PABignhamton, NYWilliamsport, PA
Vecessary	WBRE WNEP WNEP-Antenna WVIA WOLF WSWB WQPX WICZ WQMY	28 16 16.2 44 56 38 64 40 53	N N N-M E I I I I I I	Wilkes-Barre, PAScranton, PAScranton, PAScranton, PAHazelton, PAScranton, PAScranton, PABignhamton, NYWilliamsport, PA
Vecessary	WBRE WNEP WNEP-Antenna WVIA WOLF WSWB WQPX WICZ WQMY	28 16 16.2 44 56 38 64 40 53	N N N-M E I I I I I I	Wilkes-Barre, PAScranton, PAScranton, PAScranton, PAHazelton, PAScranton, PAScranton, PABignhamton, NYWilliamsport, PA
lecessary	WBRE WNEP WNEP-Antenna WVIA WOLF WSWB WQPX WICZ WQMY	28 16 16.2 44 56 38 64 40 53	N N N-M E I I I I I I	Wilkes-Barre, PAScranton, PAScranton, PAScranton, PAHazelton, PAScranton, PAScranton, PABignhamton, NYWilliamsport, PA
Necessary	WBRE WNEP WNEP-Antenna WVIA WOLF WSWB WQPX WICZ WQMY	28 16 16.2 44 56 38 64 40 53	N N N-M E I I I I I I	Wilkes-Barre, PAScranton, PAScranton, PAScranton, PAHazelton, PAScranton, PAScranton, PABignhamton, NYWilliamsport, PA
Vecessary	WBRE WNEP WNEP-Antenna WVIA WOLF WSWB WQPX WICZ WQMY	28 16 16.2 44 56 38 64 40 53	N N N-M E i i i i i	Wilkes-Barre, PAScranton, PAScranton, PAScranton, PAHazelton, PAScranton, PAScranton, PABignhamton, NYWilliamsport, PA
Necessary	WBRE WNEP WNEP-Antenna WVIA WOLF WSWB WQPX WICZ WQMY	28 16 16.2 44 56 38 64 40 53	N N N-M E i i i i i	Wilkes-Barre, PAScranton, PAScranton, PAScranton, PAHazelton, PAScranton, PAScranton, PABignhamton, NYWilliamsport, PA
Necessary	WBRE WNEP WNEP-Antenna WVIA WOLF WSWB WQPX WICZ WQMY	28 16 16.2 44 56 38 64 40 53	N N N-M E i i i i i	Wilkes-Barre, PAScranton, PAScranton, PAScranton, PAHazelton, PAScranton, PAScranton, PABignhamton, NYWilliamsport, PA
Necessary	WBRE WNEP WNEP-Antenna WVIA WOLF WSWB WQPX WICZ WQMY	28 16 16.2 44 56 38 64 40 53	N N N-M E i i i i i	Wilkes-Barre, PAScranton, PAScranton, PAScranton, PAHazelton, PAScranton, PAScranton, PABignhamton, NYWilliamsport, PA
Necessary	WBRE WNEP WNEP-Antenna WVIA WOLF WSWB WQPX WICZ WQMY	28 16 16.2 44 56 38 64 40 53	N N N-M E i i i i i	Wilkes-Barre, PAScranton, PAScranton, PAScranton, PAHazelton, PAScranton, PAScranton, PABignhamton, NYWilliamsport, PA

Accounting P	eriod: 2019	/1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF Adams CAT		CABLE SY	/STEM:					SYSTEM ID
	v, mc.							27701
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s he station is licent	eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can sertain si general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								
								

Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Adams CATV, Inc.							27701
	SUBSTITUTE CARRIAGI							
I I			-		-			
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general mou			2 101111.
Special						huards talaudai		
Statement and	During the accounting per	-	r cable system	carry, on a substitute basi	s, any nonne		on program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete	the program	n
	log in block 2.	,		,			1 0	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible. if their	meaning is	
	clear. If you need more spa					,	J	
				sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re							1.
	Do not use general categori "NBA Basketball: 76ers vs.		vies or baske	tball." List specific program	i titles, for exa	ample, "I Lov	e Lucy or	
			dcast live enter	"Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
				e community to which the			FCC or, in	
	the case of Mexican or Can							
			when your syst	tem carried the substitute p	program. Use	numerals, w	ith the mon	ith
	first. Example: for May 7 giv		aubatituta pro	arom was corriad by your d	able avetem	List the time		
	to the nearest five minutes.			gram was carried by your o				У
	stated as "6:00–6:30 p.m."		i piografii carne		5 p.m. to 0.2	0.50 p.m. sn		
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	vas require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	enter the let	ter "P" if the	listed progra	am
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					\//HE	N SUBSTIT		
	s	UBSTITUT	E PROGRAM	l		AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
	N/A					-	-	
							-	
						-	-	
							-	
						-	_	
							_	
						-	_	
							_	
						-	-	
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						-	-	
						_	_	
							-	
							_	
							-	

Accounting Period:	2019/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Adams CATV, Inc.			Ş	8YSTEM ID# 27701
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross	system's stion of how	secondary trans to compute this	mission servi s amount, sec \$ 47	ice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00				1
	Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add li	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE			-	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K	\$	478,207.00		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		214,407.00		
	4. Multiply line 3 by .01			2,144.07	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula).			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines			\$	3,463.07
				T	
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,463.07	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,483.07
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Adams CATV	OWNER OF CABLE SYSTEM: Inc.		SYSTEM ID# 27701
M Channels	to its subscribe1. Enter the tot system carrie2. Enter the tot on which the	U ()	tations	11 364
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORM about this statement of account.)	IATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Wendy Hartman	Telephone	570-282-6121
	Address	19 North Main Street (Number, street, rural route, apartment, or suite r	number)	
		Carbondale, PA 18407 (City, town, state, zip)		
	Email	wendy@echoes.net	Fax (optional) 570-282-378	7
O Certification	I, the undersign (Owr (Age in X (Offin in thave examine	ed, hereby certify that (Check one, <i>but only o</i> er other than corporation or partnership) I at of owner other than corporation or partner line 1 of space B and that the owner is not a cer or partner) I am an officer (if a corporation line 1 of space B. d the statement of account and hereby declai te, and correct to the best of my knowledge, i on 1001(1986)]	am the owner of the cable system as identified in line 1 of space B; nership) I am the duly authorized agent of the owner of the cable sy	stem as identified
		Enter signat Typed or printed name:	ectronic signature on the line above to certify this statement. ture using an "/s/ signature" (e.g., /s/ John Smith) Douglas V.R. Adams nt held in corporation or partnership) 8/6/19	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lay

Inting Period: 2019/1	
	SYSTEM 277
ns CATV, Inc.	211
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Stateme Concerning Gros
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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œ	Ca	ble rksheet	Total amount of remittance	Number of SAs rea	c'd	Initials
	VVO	rksneet	Date of remittance	Check EFT	F	ILING FEES
Cable ID #					Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	🗌 Ja	nuary 1 - June 30, 2017	[July 1 - December 31, 2017		
	Le	tter sent		Information received		
	Ac	cepted	E	Phone call/Date/Contact		
Space B Owner						
	Le	tter sent		Information received		<u>_</u>
	Ac	cepted		Phone call/Date/Contact		
Space D Area Served						
	Le	tter sent		Information received		
	Ac	cepted	C	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	Le	tter sent	C	Information received		
and Rates	Ac	cepted	[Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	Le	tter sent		Information received		
	Ac	cepted		Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio	Ac	cepted		Phone call/Date/Contact		

		Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
✓ Letter sent		Space J Part-time Carriage Log (SA3 only)
Accepted	Phone call/Date/Contact	Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Letter sent	Information received Phone call/Date/Contact	
		Channels Space O
Accepted	Phone call/Date/Contact	Channels Space O
Accepted Letter sent	Phone call/Date/Contact Information received	Channels Space O
Accepted Letter sent	Phone call/Date/Contact Information received	Channels Channels Space O Certification Space P Statement of
Accepted	Phone call/Date/Contact Information received Phone call/Date/Contact	Channels Channels Space O Certification Space P Statement of
Accepted Accepted Accepted Accepted Letter sent Accepted Letter sent Letter sent		Channels Channels Space O Certification Space P Statement of
Accepted Accepted Accepted Accepted Letter sent Accepted Letter sent Letter sent		Channels Cha